## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

09/926218

CLAIMS AS FILED - PART I								SMALL	ENTITY					
(Column 1)				(Co	lumn 2)	<b>.</b>	TYPE	ENIIIA	OTHER THAN OR SMALL ENTITY					
#1 -		<b>5</b>	1. 机双菱头	17.	* . ~	A THE WAY	<i>*.</i>	RATE	FEE		RATE	FEE		
⊩				R FILED '	NUM	NUMBER EXTRA		BASIC FE	Ε	OF	BASIC FE			
11	TOTAL CHARGEABLE CLAIMSThinus 20=				·	A Thomas California	, . v .	X\$ 9=	9k y	OF	XS18=			
_	INDEPENDENT CLAIMS minus 3 =							X40=	7	7	You !	-		
_	ULTIPLE DEPE			*135=	-		1							
•	* If the difference in column 1 is less than zero, enter "0" in column 2								<u> </u>	OR	<u> </u>	~		
(	GAN CLAIMS AS AMENDED - BARTH							TOTAL		OR	_	200		
À	(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
QN	Total	. 12	Minus	دے	$\triangle$	<i>- D</i>	$\cdot \Gamma$	X\$ 9=		OR	X\$18=	,,,,,		
AM	Independent FIRST PRESE	ENTATION OF MIL	Minus	PENDENT	CLAIM	<b>=</b> Ø		X40=.		OR	X80=			
			•					+135=		OR	+270=			
							Al	TOTAL DOIT, FEE		OR	TOTAL			
		(Column 1)		(Colum		(Column 3)				_				
AMENDMENT B		REMAINING AFTER AMENDMENT	Mary Mary	NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=			
AM	Independent	NTATION OF MU	Minus			=		X40=		OR	X80=			
			LIPLE DEF	ENDENT	LAIM		r	+135=		1	+270=			
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		(Column 1)		(Column	n 2\	(Column 3)	AC	DOIT. FEE		OR ,	DDIT. FEE			
21	·in		Pip Ber	HIGHES	ST		Г	<del></del>	ADDI					
	m (Bayer) 2	AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	1.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
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	Independent		Minus	•••		=	$\vdash$	X40=			X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	∧80= -			
If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  If the "Highest Number Previously Paid For IN Thus SPACE is less than the entry in Column 3.														
•••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
_	WO AZE				,			and abbi	Opiiate DOX	in colu	ma t.			